



# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
		1915
Chronic interstitial nephritis		1921

Cerebral hemorrhage	MAR 7 1928	Date of onset
		July 5, 1927

Other contributory causes of importance:	RECEIVED	Date of onset
Gallstones		May 1, 1928

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:	RECEIVED	Date of onset
Gastroenteritis		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

1493

## 1. PLACE OF DEATH

County *Dares*Village or City *Dares*Registration Dist. No. *51*

Length of residence in city or town where death occurred yrs.

No. St., Ward  
(If death occurred in a hospital or institution, give its NAME instead of street and number)  
mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.2. FULL NAME *Stillborn Chew*(a) Residence: No. *Dares*

(Usual place of abode)

If U.S. Veteran specify WAR

St., Ward. *X*

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>M</i>	4. COLOR OR RACE <i>C</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>
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5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

## 6. DATE OF BIRTH (month, day, end year)

*Feb. 1, 1936*

7. AGE Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
<i>Feb.</i>	<i>1</i>	<i>1</i>	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country)*Dares*13. NAME *Willie Chew*14. BIRTHPLACE (city or town)  
(State or country)*Dares*15. MAIDEN NAME *Daisy Dancer*16. BIRTHPLACE (city or town)  
(State or country)*Port Republic*17. INFORMANT *Willie Chew*18. BURIAL, CREMATION, OR REMOVAL  
Place *Buried* Date *Feb. 3, 1936*19. UNDERTAKER *Jerry Watson*20. FILED *Feb. 3, 1936* *J. M. King*

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH *Feb. 1*

(Month) (Day) (Year)

## 22. I HEREBY CERTIFY. That I attended deceased from

*No physician*, 19 to 19  
I last saw *no physician* at *10:00 P.M.* on *Feb. 1, 1936*; death is said to have occurred on the date stated above, at *10:00 P.M.*  
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset

*Still born*

## Other Contributory Causes of Importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_  
(Signed) *J. M. King* M. D.  
(Address) *Prince Frederick*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	MAR 4 1936	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	BUREAU V. S	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1928

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

N. B.—**WRITE PAINLY**, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

1434

## 1. PLACE OF DEATH

County

Collected.

942

Registration Dist. No.

51

Village or City

Adelina

St.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

No.

How long in U. S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

Lizzie Egan

(a) Residence: No.

Adelina

St. Ward.

X If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5a. If married, widowed, or divorced

Husband

(or) Wife of

Murray Egan

6. DATE OF BIRTH (month, day, and year)

August 31, 1884

7. AGE

51

Years

Months

Days

If LESS than  
1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.

8. OCCUPATION

8

Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Laundress

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

20

1936

11. Total time (years) spent in this occupation

1/2

12. BIRTHPLACE (city or town)

(State or country)

Calvert Co.

Md.

13. NAME

Parker

14. MOTHER

FATHER

14. BIRTHPLACE (city or town)

(State or country)

Md.

15. MAIDEN NAME

Mary Egan Parker

16. BIRTHPLACE (city or town)

(State or country)

Calvert Co.

Md.

17. INFORMANT

(Address)

Eddie Egan

Adelina, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

2/26, 1936

19. UNDERTAKER

(Address)

W. H. Schubens

not Harmony Rd.

20. FILED

(Address)

2/26, 1936

J. M. Tracy

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

January

23

, 1936

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

, 19

to

, 19

I last saw h. alive on dead on arrival, 1936; death is said to have occurred on the date stated above, at 9:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were, as follows:

Coronary Occlusion  
probably ThrombosisData of onset  
2/19/36

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) Page Velt M. D.(Address) Garrett Park

# UNITED STATES STANDARD CERTIFICATE OF DEATH

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
BUREAU V. S.	

Other contributory causes of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

The principal cause of death and related causes of importance were as follows:

## Example II

Attack of epilepsy

Date of onset

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other contributory causes of importance:

Gastroenteritis

1 year

## ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Items 6, 7, 13, 14, & 15 changed thru Missing Information; see also letter filed under Dr. Jett - LFL 4-8-36.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

## 1. PLACE OF DEATH

County *Calvert*  
Village or City *Parsons*

210-m

X  
Registration Dist. No.

525

St., Ward

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

*George J. Fowler*

(a) Residence: No.

(Usual place of abode)

St., Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

*M*

4. COLOR OR RACE

*W*5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (Type the word)*Wid*5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of*Mary Fowler*

6. DATE OF BIRTH (month, day, end year)

March 28 1879  
7. AGE Years Months Days If LESS than  
56 10 6 1 day, hrs.  
or min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.  
9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.  
10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation*Blacksmith*

12. BIRTHPLACE (city or town)

(State or country)

*Md*

13. NAME OF FATHER

*alex Fowler*

(State or country)

*Md*

14. BIRTHPLACE (city or town)

(State or country)

*Md*

15. MAIDEN NAME

*mt a Ramsey*

(State or country)

*Md*

16. BIRTHPLACE (city or town)

(State or country)

*Md*

17. INFORMANT

*Mr. M. Fowler*

(Address)

*Parsons**Md*

18. BURIAL, CREMATION, OR REMOVAL

Place *Mt. Harmony*Date *Feb 4, 1926*

19. UNDERTAKER

*W.H. Hutchens*

(Address)

*Mt. Harmony**Md*

20. FILED

*Feb 4, 1926**W.H. Hardesty*

(Address)

*Parsons**Md*

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

2 (Month) 1 (Day), 1936 (Year)

22. I HEREBY CERTIFY, That I attended deceased from

2/1/36, 19, to 2/1/36, 19

I last saw him alive on 2/1/36, 19; death is said to have occurred on the date stated above, at 11 A.M. P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Fractured skull  
Fractured neck  
Contusion of whole  
Chest*

Date of death

2/1/36

"

"

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 2/1, 1936

Where did injury occur? *Mt. Harmony*

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

*Industry**Auto accident**Fractured skull and neck*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

*High way*(Address) *Parsons*

M. D.

*Parsons*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure; asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	MAP 6 1930
Chronic interstitial nephritis	1921
Cerebral hemorrhage	BUFFALO V. S. July 5, 1927

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

WRITE HEAVILY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICAL STATE and state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
County Calvert

Village or City Dowells (No. ....)

2 FULL NAME Mrs. Mary Hill

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow.  
(Write the word)

## 6 DATE OF BIRTH

Sept. 13, 1873  
(Month) (Day) (Year)

## 7 AGE

62 yrs. 5 mos. 2 ds. IF LESS than 1 day hrs. or min.?

## 8 OCCUPATION

(a) Trade, profession or particular kind of work Housewife.  
(b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE  
(State or country)

Leonardtown  
Maryland

## 10 NAME OF FATHER

Ferdinand Bond.

## 11 BIRTHPLACE OF FATHER

Maryland  
(State or country)

## 12 MAIDEN NAME OF MOTHER

unknown.

## 13 BIRTHPLACE OF MOTHER

Maryland  
(State or country)

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Wilson Hill

(Address)

Dowells, Md.

## 15

Filed Feb. 13 1926 Dr. E. S. Foster  
Registrar

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 50

St. \_\_\_\_\_ Ward \_\_\_\_\_ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb. 13, 1926  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Dec. 24, 1925 to Jan. 18, 1926,

that I last saw her alive on Jan. 18, 1926, and that death occurred on the date stated above, at 5 A.M. The CAUSE OF DEATH \* was as follows:

Degenerative Myocorditis

(Duration) 5 yrs. mos. ds.

Contributory  
Secondary

(Duration) yrs. mos. ds.

(Signed) E. S. Foster M. D.  
Feb. 13, 1926 (Address) Solomons, Md.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

## 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

## 19 PLACE OF BURIAL OR REMOVAL

Solomons, Md.

## DATE OF BURIAL

Feb. 15, 1926

## 20 UNDERTAKER

A. A. Starkness

## ADDRESS

Mt. Holly, Md.

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer* (retired 6 yrs). For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc.*, of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Chopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *epilepsus*) may be stated under the head of "contributory." Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 7 1936

## STATE OF MARYLAND—CERTIFICATE OF DEATH

1497

## 1. PLACE OF DEATH

County *Calvert Co*  
Village or City *Drumback*

108

Registration Dist. No. *52*

St., Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos.

2. FULL NAME *Charles T. Hanes*

(a) Residence: No.

(Usual place of abode)

If U.S. Veteran specify WAR

St., Ward. *X*

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M*4. COLOR OR RACE *W*5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word) *Married*5a. If married, widowed, or divorced  
HUSBAND of *Caroline Hanes*  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

*June 2, 1875*

7. AGE

Years *60*Month *8*Days *17*If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.*Farmer*

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country) *Md*13. NAME *Webster Hanes*14. BIRTHPLACE (city or town)  
(State or country) *Md*15. MAIDEN NAME *Willie Cane*16. BIRTHPLACE (city or town)  
(State or country) *Md*17. INFORMANT *Wm Hanes*  
(Address) *Drumback Md*

18. BURIAL, CREMATION, OR REMOVAL

Place *Smith Hill* Date *Feb 21, 1936*19. UNDERTAKER *Robert Wood*  
(Address) *Friendship Md*20. FILED *Feb 21, 1936* W. J. H. Hardesty  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

*2 19*(Month) (Day) (Year) *1936*

22. I HEREBY CERTIFY, That I attended deceased from

*2/21/36* to *2/18*, 1936; death is saidto have occurred on the date stated above, at *6:30 A.M.*The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:*John Brannigan*Date of death *2/19/36*

Other Contributory Causes of importance:

*Cardiac dilation*Date *2/19/36*

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Hugh W. Ward* M. D.  
(Address) *Drumback Md*

MARGIN RESERVED FOR BINDING  
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	MAR 6 1936	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	P. I. PAU V. S.	1921

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

1498

52

## 1. PLACE OF DEATH

County

Oxford

115a

Registration Dist. No.

Village or City

Chameryville

St.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. If of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

M. Elizabeth Horner

(a) Residence: No.

St. Ward.

If nonresident give city or town and State

(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widow

5a. If married, widowed, or divorced

HUSBAND OF  
(or) WIFE OF

6. DATE OF BIRTH (month, day, end year)

Jan 3, 1927

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

8

3

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(State or country)

MOTHER FATHER

13. NAME

Walter Horner

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME

Grace Bourne

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: all Saints Date: Feb. 5, 1974

19. UNDERTAKER

(Address)

W. H. Hardin

20. FILED

Feb. 5, 1974

W. H. Hardin

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

2 (Month)

3 (Day)

1936 (Year)

22. I HEREBY CERTIFY. That I attended deceased from

2/2, 1936, to 2/3, 1936

I last saw him alive on 2/2, 1936; death is said

to have occurred on the date stated above, at 54 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Undiagnosed  
angina - from throat  
cerebral  
strokeDate of onset  
4/2/36  
2/2/36  
2/2/36

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_ (Signed) \_\_\_\_\_ M. D.

(Address) \_\_\_\_\_

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

		Date of onset
Arteriosclerosis	MAR 6 1936	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	PAU V. S	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923	Other contributory causes of importance:
		Gastroenteritis
		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County CalvertVillage or City Solomons (No. )

## 2 FULL NAME

Robert Gordon Humphreys

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED

Or Divorced

(Write the word)

6 DATE OF BIRTH

November 12, 1934

(Month)

(Day)

(Year)

7 AGE

1 yrs. 3 mos. 8

If LESS than  
1 day, hrs.  
or min.?

8 OCCUPATION

(a) Trade, profession or  
particular kind of work(b) General nature of industry  
business, or establishment in  
which employed or (employer)Infant

9 BIRTHPLACE

(State or country)

Solomons, Md10 NAME OF  
FATHERRobert Cleveland Humphreys11 BIRTHPLACE  
OF FATHER

(State or country)

Maryland12 MAIDEN NAME  
OF MOTHER

(State or country)

Sarah Gertrude JosleyMaryland13 BIRTHPLACE  
OF MOTHER

(State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Cleveland HumphreysSolomons, Md

15 Filed

2/20

1936

D. Estep

Registrar

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 50St.  Ward (If death occurred in  
a hospital or institution,  
give its NAME instead  
of street and  
number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

February 20, 1936(Month) Feb. 18 (Day) Feb. 20 (Year) 1936

17 I HEREBY CERTIFY, That I attended the deceased from

1936 to 1936, that I last saw him alive on Feb. 20, 1936

and that death occurred on the date stated above, at 3 P.M.

The CAUSE OF DEATH \* was as follows:

Influenza

(Duration) yrs. mos. ds.

Contributory  
SecondaryBronchopneumonia

(Duration) yrs. mos. ds.

(Signed)

E. J. Coster M. D.Feb. 20, 1936 (Address) Solomons, Md\*State the Disease Causing Death, or, In deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted,  
if not at place of death?Former or  
usual residence

## 19 PLACE OF BURIAL OR REMOVAL

Sussex - Middleham

## 20 UNDERTAKER

A. A. Harkness

## DATE OF BURIAL

2/22, 1936

## ADDRESS

Mutuo Md

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know—(a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return “*Laborer*,” “*Foreman*,” “*Manager*,” “*Dealer*,” etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housmaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer* (*retired 6 yrs*). For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is “*Epidemic cerebrospinal meningitis*”); *Diphtheria* (avoid use of “*Croup*”); *Typhoid fever* (never report “*Typhoid Pneumonia*”); *Lobar pneumonia*, *Bronchopneumonia* (“*Pneumonia*”;

MAR 7 1931

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Cervicoma, Sarcoma, etc.*, of . . . . . (name origin; “*Cancer*” is less definite; avoid use of “*Tumor*” for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *L. Pneumonia* (secondary) 10 ds. Never report mere symptoms or terminal conditions, such as “*Asthenia*,” “*Anaemia*” (merely symptomatic), “*A trophy*,” “*Collapse*,” “*Coma*,” “*Convulsions*,” “*Debility*” (“*Congenital*,” “*Senile*,” etc.), “*Dropsy*,” “*Exhaustion*,” “*Heart failure*,” “*Haemorrhage*,” “*Inanition*,” “*Marasmus*,” “*Old Age*,” “*Shock*,” “*Uraemia*,” “*Weakness*,” etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as “*PUERPERAL septicæmia*,” “*PUERPERAL peritonitis*,” etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, a fracture of skull, and consequences (e. g., *sepsis*, *telemus*) may be stated under the head of “*contributory*.”

5. (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING  
 N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

1506

## 1. PLACE OF DEATH

County

Calvert

93-2

Registration Dist. No. 57

Village or City

Huntingtown

St.

Ward

Length of residence in city or town where death occurred

16.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

(a) Residence: No.

William Jacks

St. Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

Manah Jacks

6. DATE OF BIRTH (month, day, and year)

7. AGE      Years      Months      Days      If LESS than  
68      2      ?      1 day,      hrs.  
or      min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.

Farmer

Date of onset

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

Jan. 1935

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(State or country)

Calvert

13. NAME

Benson Jacks

M.D.

14. BIRTHPLACE (city or town)

(State or country)

Calvert

M.D.

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town)

(State or country)

Calvert Co., Md.

17. INFORMANT

(Address)

Manah Jacks

Huntingtown

18. BURIAL, CREMATION, OR REMOVAL

Place: Patuxent Huntingtown 2-21-1936

19. UNDERTAKER

(Address)

H. H. &amp; H. Calvert

20. FILED

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Name of operation

Date of

What last confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Data of injury

, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George Selt M. D.

(Address) Brumme Medical Office

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	MAR 4 1930
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

## Example II

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

1501

MARGIN RESERVED FOR BINDING  
 N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County

Colvert

Village or City

Huntingtown

93-2

Registration Dist. No. 51

St.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. if of foreign birth

yrs.

mos.

ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

## 2. FULL NAME

(a) Residence: No.

Albert Mackall

Huntingtown

(usual place of abode)

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

6. If married, widowed, or divorced

HUSBAND of  
(or WIFE)

Ella Mackall

6. DATE OF BIRTH (month, day, and year)

September 16 1872

7. AGE

Years Months Days

63

4

28

11 LESS than  
1 day, hrs.  
or min.

8. OCCUPATION

kind of work done, as SPINNER,  
SAWYER, BODKEEPER, etc.

Farmer

9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)

Jan 1935

11. Total time (years)  
spent in this  
occupation

A life

12. BIRTHPLACE (city or town)

(State or country)

Huntingtown

Calvert Co.

MOTHER

FATHER

13. NAME

14. BIRTHPLACE (city or town)

(State or country)

James Mackall

Calvert Co. MD

15. MAIDEN NAME

Ella? Mackall

16. BIRTHPLACE (city or town)

(State or country)

Calvert Co., MD

17. INFORMANT

(Address)

Bunting Offer

Adelphi Md

18. BURIAL, CREMATION, OR REMOVAL

Place

Talbot

Date 7/15 1936

19. UNDERTAKER

(Address)

W.W. Hutchens

Dwings Md

20. FILED

Date

7/13 1936

D. M. King

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

February 13

(Month)

1936  
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

May 1935 to Feb 13 1936; death is said

I last saw him alive on January 15, 1936; death occurred on the date stated above, at 9 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

acute myocardial failure Date of onset  
chronic myocarditis Jan 15, 1936

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John S. King M. D.

(Address) 1234 Redwood

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	MAR 4 1936	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923
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Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

M. B.:--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County CalvertVillage or City Dowells (No. ....)

93-c

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 50

St. .... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

## 2 FULL NAME

WilliamPhilip

## PERSONAL AND STATISTICAL PARTICULARS

## 3 SEX

Male

## 4 COLOR OR RACE

Colored

## 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED

Widowed  
(Write the word)

## 6 DATE OF BIRTH

Unknown - 1871  
(Month) (Day) (Year)

## 7 AGE

65 yrs. ✓ mos. ✓ ds. or min.?If LESS than  
1 day hrs.

## 8 OCCUPATION

(a) Trade, profession or particular kind of work Oysterman  
 (b) General nature of industry business, or establishment in which employed or (employer) oyster

9 BIRTHPLACE  
(State or country)Cove Point  
Maryland

## 10 NAME OF FATHER

Joseph Philips11 BIRTHPLACE OF FATHER  
(State or country)Maryland

## 12 MAIDEN NAME OF MOTHER

Unknown13 BIRTHPLACE OF MOTHER  
(State or country)Maryland

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

James H. Bean

(Address)

Dowells, Md.

## 15 Filed

2/27 1936 D. F. Foster  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH February 26, 1936  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended the deceased from  
192... to 192...  
that I last saw h alive on 192...  
and that death occurred on the date stated above, at 9 a.m.

The CAUSE OF DEATH was as follows:

Cardiac Degeneration  
(Duration) yrs. mos. ds.Contributory  
SecondaryC. P. Coster  
(Signed) Feb. 27, 1936 (Address) Solomon, Md.  
M. D.\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.

In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

## 19 PLACE OF BURIAL OR REMOVAL

Sussex, Md.

## 20 UNDERTAKER

E. E. Dixon

## DATE OF BURIAL

Feb. 27, 1936

## ADDRESS

Solomon  
Maryland

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public  
Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocer;* (a) *Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles, Whooping cough, Chronic tubular heart disease, Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *L. pneumonia (secondary), 10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning, Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbonic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g. *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All this data is essential and must be obtained before the certificate is permanently filed.

MAR 7 1936

## MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

1503

## 1. PLACE OF DEATH

County

Chestert.  
Prince Frederick

52

Registration Dist. No. 51

Village or City

St.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

(a) Residence: No.

(Usual place of abode)

If U. S. Veteran specify WAR

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Male white Married

## 5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

Mrs Anna Rawlings

## 6. DATE OF BIRTH (month, day, and year)

Sept 30, 1854

Years Months Days  
81 4 4If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

## 7. AGE

## OCCUPATION

## 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, atc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Farm

## 12. BIRTHPLACE (city or town)

(State or country)

## 13. NAME

Ping. Rawlings

## MOTHER FATHER

## 14. BIRTHPLACE (city or town)

(State or country)

## 15. MAIDEN NAME

Mary Ann Brown

## MOTHER

## 16. BIRTHPLACE (city or town)

(State or country)

## 17. INFIRMANT

E. J. Rawlings

(Address)

## 18. BURIAL, CREMATION, OR REMOVAL

Md.  
Place Prince Frederick Date Feb 6, 1936

## 19. UNDERTAKER

A. H. Harrington & Son  
(Address)

## 20. FILED

2-4, 1936 L. M. King  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Feb 3

(Month)

(Day)

1936  
(Year)

## 22. I HEREBY CERTIFY That I attended deceased from

I last saw him alive on Feb 3, 1936, to Feb 3, 1936; death is said to have occurred on the date stated above, at 7 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Carcinoma face  
Date of onset  
2 yrs.

## Other Contributory Causes of importance:

Carcinoma ataxis  
6 mo.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed)

E. J. Rawlings  
(Address)

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED	
Arteriosclerosis	
Chronic interstitial nephritis	MAR 4 1936
Cerebral hemorrhage	
	BUREAU V. S.

## Date of onset

1915

1921

July 5, 1927

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1928

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

1504

## 1. PLACE OF DEATH

County

Village or City

Calvert

Hoplans

Registration Dist. No.

52

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

Ward

## 2. FULL NAME

(a) Residence: No.

(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

2

4. COLOR OR RACE

C

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, end year)

2/6/36

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year) \_\_\_\_\_11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

MOTHER

FATHER

13. NAME

Wm Jones

14. BIRTHPLACE (city or town)  
(State or country)

J Md

15. MAIDEN NAME

Hillie Steppney

16. BIRTHPLACE (city or town)  
(State or country)

J Md

17. INFORMANT

(Address)

Wm Jones

18. BURIAL, CREMATION, OR REMOVAL

Place: St. Edmunds Date: Feb 7, 1936

19. UNDERTAKER

(Address)

Abraham Makel

20. FILED

Feb 7, 1936 W.H. Hardesty

St.

Ward.

If nonresident give city or town and State

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

2

6

193

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

19

to

19

I last saw him alive on

to have occurred on the date stated above, et 12 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Hillie Jones

Date of onset

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

M. D.

(Address)

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

		Date of onset
Arteriosclerosis	MAR 6 1926	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	JULY 14 1926	July 5 1927

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

1505

## 1. PLACE OF DEATH

County

Calvert

Registration Dist. No. 51

Village or City

Dales

St. Ward

Length of residence in city or town where death occurred

yrs.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

Stilbhorn Wall

(a) Residence: No.

Dales

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

February 17, 1936

7. AGE

Years Months Days

If LESS than  
1 day, hrs.  
or min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

Dales

13. NAME

George Wall

14. BIRTHPLACE (city or town)  
(State or country)

Calvert Co.

15. MAIDEN NAME

Rosa Hanag

16. BIRTHPLACE (city or town)  
(State or country)

Calvert Co.

17. INFORMANT  
(Address)

George Wall

18. BURIAL, CREMATION OR REMOVAL  
Place at home Date

2/17, 1936

19. UNDERTAKER  
(Address)

George Wall

20. FILED

2/17, 1936 D. N. T. T. Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

February 17

(Month)

(Day)

1936  
(Year)22. I HEREBY CERTIFY. That I attended deceased from  
Feb 17, 1936 to 19I last saw h. alive on 19 ; death is said  
to have occurred on the date stated above, at 4:11 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Obstruction - cause  
underway  
7 months gestation

Date of entry

Feb 17

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signature)

M. D.

(Address)

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis		1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	MAR 4 1936	July 5, 1927

BUREAU V. S.

Other contributory causes of importance:

Gallstones	May 1, 1923
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## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

1506

## 1. PLACE OF DEATH

County

Calvert

181

Registration Dist. No.

50

Village or City

Downell

St.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

(a) Residence: No.

Samuel E. Ward

(Usual place of abode)

If U.S. Veteran specify WAR

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Male

white

Married

5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

Nathaniel E. Ward

6. DATE OF BIRTH (month, day, and year)

Jan 1, 1865

7. AGE

Years 71

Months 1

Days 3

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Waterman

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

Oysters &amp; fish.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Md.

MOTHER

FATHER

13. NAME

13. NAME

Samuel E. Ward.

Nathaniel E. Ward.

14. BIRTHPLACE (city or town) (State or country)

Md.

Eliza Culumber.

15. MARRIED NAME

Eliza Culumber.

Md.

16. BIRTHPLACE (city or town) (State or country)

Md.

Elmer Ward.

17. INFORMANT

(Address)

Calvert

Date

Feb. 6, 1936

Place

18. BURIAL, CREMATION, OR REMOVAL

(Address)

R. D. Starkman &amp; Son

Montgomery, Md.

19. UNDERTAKER

(Address)

R. D. Starkman &amp; Son

Montgomery, Md.

20. FILED

(Address)

Feb. 29, 1936

Registrar

## 21. DATE OF DEATH

Feb 4, 1936

(Month)

(Day)

(Year)

## 22. I HEREBY CERTIFY That I attended deceased from

1933

, 19

to

, 19

I last saw him alive on

Feb 2, 1936

; death is said

to have occurred on the date stated above, at 6 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic myocarditis 6 mos.  
Chronic salivary nephritis 1 yr.

## Other Contributory Causes of Importance:

Amenia

2 days

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

600 Monroe

Towson, Md.

(Address)

not received until Mar. 10th - H.C. 83-

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

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## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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